

PO Box 1180
Rocky Mount, NC 27802

Name _____
 First Middle Last

 Social Security Number () _____
 Contact Phone Number

Date to turn on services _____	
Service Address	
City	State
Zip	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div>Rent</div> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">Landlord Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div>Own</div> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">Realtor/Lawyer/Banker Name (to verify proprty ownership)</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">Home Phone Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">Driver's License Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">Employer</div> </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">Landlord's Phone Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">Phone Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">Work Phone Number</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">State</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;">Spouse's Name</div> </div> </div>	

To transfer utility service from one location to another complete Section B

Section B

_____ Location to turn off services	_____ Date to turn off services
_____ Location to turn on services	_____ Date to turn on services
_____ Home Phone Number	_____ Work Phone Number
_____ Driver's License Number	_____ State
_____ Employer	_____ Spouse's Name

Deposit Requirements

A utility deposit may be required for new or transferring customers. Deposits are credit-based and range from \$0 to \$400. The primary credit source will be your City of Rocky Mount utility payment history. If you have no City of Rocky Mount utility account the deposit options are:

1. Letter of Credit from previous utility account from a utility company confirming a good pay history for the past 12 months.
2. Co-signer who must have an active utility account with the City of Rocky Mount with a good pay history for at least two years.
3. **Credit check to obtain credit rating to determine deposit requirement

** I give the City of Rocky Mount my permission to obtain my credit rating with Online Credit Service to determine my deposit requirement for the above address.

____ Yes

____ No

Signature

To Disconnect Utility Services please complete section C

Section C

Account Number_____		Date to turn off service _____	
Forwarding Address			
House No. _____		Street Name _____	
City _____	State _____	Zip _____	

Signature_____ Date_____

Application must be received in the City of Rocky Mount Utility Business Office 3 business days prior to connection/disconnection request. A Customer Service Representative will contact you to confirm receipt of your application.

Please contact our office if you have not received confirmation within 48 hours prior to your request, or if you have any questions. Our office hours are 8:30 a.m. to 5:00 p.m. Monday through Friday. Our telephone representatives are available at (252) 972-1250 from 8:30 a.m. to 7:00 p.m. Monday through Thursday and 8:30 a.m. to 5:00 p.m. on Friday.